

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Anzalone Liszt Grove Research Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014	
Mailing Address 260 Commerce Street - 4th Floor		Amount 28500.00	
City Montgomery	State AL	Zip Code 36104	Transaction ID : 21705925
Purpose of Expenditure Polling		Category/Type 005	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
Name of Federal Candidate Sen. Mark L. Pryor		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 228500.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014	
Mailing Address 1850 M Street, NW Suite 235		Amount 5410.14	
City Washington	State DC	Zip Code 20036	Transaction ID : 21705948
Purpose of Expenditure Television Production		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
Name of Federal Candidate Rep. Dave Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 115410.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33910.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	572710.14

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

 Signature

[Electronically Filed]

Date **05 / 19 / 2014**